

## 2022 Healthy Living Reimbursement Request

Security Health Plan offers a healthy living benefit to reward you for engaging in health and well-being activities. The benefit is available to eligible Security Health Plan members age 18 and older. Limit, two members per family.

### Reimbursement request instructions:

- Members eligible for this benefit are allowed to send in one reimbursement form for 2022. Be sure to include all eligible paid receipts you wish to be reimbursed for with this form.
- A separate form is required for each eligible member requesting reimbursement. Reimbursement is limited to \$200 per family; \$100 per member.
- The date listed on receipts submitted with this form must be from 2022.
- Reimbursement requests for 2022 must be received no later than March 31, 2023. Any 2022 request received on or after April 1, 2023 will not be accepted.

**STEP 1:** Complete the health assessment at [www.securityhealth.org/healthassessment](http://www.securityhealth.org/healthassessment).

**STEP 2:** Member requesting reimbursement \_\_\_\_\_

Employer/Sponsor name \_\_\_\_\_

Subscriber number \_\_\_\_\_

Member number \_\_\_\_\_

(This is the number to the left of your name.)

Date of birth \_\_\_\_\_

(Fill out the information as it is listed on your medical ID card.)

Member home address \_\_\_\_\_

### SecurityHealth Plan<sup>SM</sup>

Subscriber #: 050012345800

Medical Card

Grp#: 987654 HMO

00123456 John T Doe 7/26/1970

00234567 Jane E Doe 2/07/1972

001234567 Jim T Doe 6/29/2001

Security Health Plan Customer Service 1.800.472.2363

Date Issued 01/01/2022

**STEP 3:** Include a copy of the paid receipts with this form and mail to the address below. Receipts must clearly indicate the name of the facility, program or piece of exercise equipment. Checks will be made payable to the subscriber.

Security Health Plan; Attn: Claims Department; PO Box 8000; Marshfield, WI 54449-8000

**STEP 4:** Signature: I attest this reimbursement is for services and/or equipment for my personal use.

Signature \_\_\_\_\_

Date (month/day/year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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### FOR INTERNAL USE ONLY

HA Completion TIN 39-1541217 CPT S9970 Dx code Y93.89 POS 99

Date of service \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Amount \_\_\_\_\_

## About the healthy living reimbursement

Security Health Plan offers a healthy living reimbursement to reward members for engaging in health and well-being activities. Subscribers, their spouses or adult dependents (18 and older) are eligible for this benefit.

Members might be reimbursed up to \$100 maximum per member per calendar year (\$200 maximum per family per calendar year). Members cannot be reimbursed for more than the cost incurred (including applicable taxes and shipping and handling fees) for memberships, classes and equipment.

This benefit is available through certain employer-sponsored plans. Check your Certificate Amendment to see if you are eligible and for additional information about the healthy living reimbursement. Your amendment can be found with your policy materials or through My Security Health Plan.

Activities and equipment that might be eligible for reimbursement:

- Nutrition or wellness class
- Gym or health club membership
- Exercise class or personal trainer
- Weight-loss program
- *Adults only (age 18 years and older):* Swim instruction or water exercise class
- Online fitness memberships (i.e. Beachbody, Weight Watchers Online)
- Home exercise equipment that provides a total-body workout\*. Equipment must be new and purchased from a retail company.

*\*Treadmills, stationary cycles, bike stands (to convert road bike to stationary cycle), stair climbing machines, elliptical machines, rowing machines, cross-country ski machines, total body weight resistance machines*

### Activities and equipment **NOT** eligible for reimbursement

- Pool-only facilities (unless as part of a swim instruction or water exercise class)
- Social clubs
- Greens/Race fees
- Transportation
- Association memberships
- Lodging
- Meal plans: food, shakes, and supplements
- Fitness clothing and uniforms
- Activities that are reimbursable under the member's insurance plan
- Muscle-specific resistance equipment such as abdominal rollers, thigh or buttocks machines; exercise mats; free weights; outdoor recreational equipment such as golf clubs, bicycles, game balls, skates, skis, tennis racquets, or rollerblades; and any used equipment
- Sport or activity fees for dependent children

If you have any questions, please contact Security Health Plan's Customer Service Department at 1-800-472-2363.

**Notice of nondiscrimination:** Security Health Plan of Wisconsin, Inc., complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, religion, disability, age, sex, gender identity, sexual orientation, health status, marital status, arrest or conviction record or military participation.

#### **Limited English proficiency services**

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-472-2363 (TTY 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-472-2363 (TTY 711).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-472-2363 (TTY 711).